

USAID/INDIA
STRATEGIC OBJECTIVE CLOSE OUT REPORT

1. Basic Information:

SO Name:	Reduced Transmission and Mitigated Impact of Infectious Diseases, especially STD/HIV/AIDS in India
SO Number:	7
SO Period:	FY 1994–2002
Geographic Area (Code):	India (386)
Total Cost of SO:	DA \$ 2,100,000
	CSH <u>\$53,188,000</u>
	Total <u>\$55,288,000</u>

2. Principle Implementing Partners:

Bilateral Projects:

National AIDS Control Organization, Ministry of Health and Family Welfare, New Delhi
AIDS Prevention and Control (APAC) Project - Voluntary Health Services, Chennai
Avert Project - Avert Society, Mumbai
PACT–CRH Project - ICICI Bank

Field Support:

IMPACT Project – Family Health International
Operation Lighthouse Project – Population Services International
STOP TB Program - World Health Organization
National Polio Surveillance Project - World Health Organization
Polio Eradication Initiative – UNICEF and Rotary International
International Clinical Epidemiology Network (INCLIN)
Program for Appropriate Technologies in Health (PATH)
Health Tech

3. Background to SO 7:

3.1 Intermediate Results (IR):

IR. 1 Results Statement: Reduced transmission of HIV/AIDS and related infectious diseases in Tamil Nadu

Indicators:

1.1 Percentage of individuals belonging to specified high-risk groups who report condom use in most recent sexual encounters with a non-regular partner

1.2 Percentage of population with symptomatic Sexually Transmitted Diseases (STD) seeking care from qualified medical practitioners in Tamil Nadu

1.3 Cumulative number of APAC grants for AIDS prevention in Tamil Nadu

3.2 Activities/Projects under the SO:

In 1995, with the onset of the implementation of Human Immuno Deficiency Virus (HIV) prevention activities under the AIDS Prevention and Control Project (APAC) in Tamil Nadu, a Special Objective (SPO) - Reduced Transmission of HIV Infection was established. In 1998, the

APAC project showed successful progress in terms of getting on the ground activities for HIV prevention and initiation of behavior change among high risk groups. The Mission planned to expand its HIV/AIDS program to include the support for the state of Maharashtra and the support to the selected activities at the national level. In 1999, the program expansion necessitated the conversion of SPO into a new HIV/AIDS/Infectious Diseases Strategic Objective - Reduced Transmission and Mitigated Impact of Infectious Diseases especially STD/HIV/AIDS in India. The highlights of the major activities under the SO are given below:

AIDS Prevention & Control Project, Tamil Nadu:

The project was initiated as a \$10 million bilateral agreement signed in 1992 for ten years. The project aimed at reducing sexual transmission of HIV/AIDS in Tamil Nadu and Pondicherry. Project interventions introduced and reinforced HIV preventive behavior among high risk groups (eg. Women in prostitution, truck drivers, tourists and slum dwellers). They also promoted condom use and safe behavior among these groups as well as the care and support interventions for People Living with HIV/AIDS (PLHA). The project is implemented primarily through grants made by APAC to Non-governmental organizations (NGO) and through private sector involvement. As a result of the success of the APAC project, the Government of India (GOI) recognized the APAC project as a model for capacity building in other states in India on targeted sexual behavior change interventions among high risk groups. The GOI requested USAID to extend and expand the project for an additional five years with the geographic expansion to Pondicherry state and to include care and support interventions. In 2002, the project was extended for another five years with additional funding of \$15.5 million.

Avert Project, Maharashtra:

The Avert Project was launched in November 2001, to reduce the impact of HIV/AIDS in the state of Maharashtra with a population of about 98 million and a high prevalence state. The seven-year \$41.5 million project is a bilateral agreement between the United States and Indian governments, including the National AIDS Control Organization (NACO), the government of Maharashtra.

The Avert Society in Mumbai was established to implement project activities, working closely with the Maharashtra State AIDS Control Society (MSACS), the Mumbai District AIDS Control Society (MDACS), other national and international NGOs, community-based organizations, and other institutions in the development sector. Major activities include targeted interventions, Sexually Transmitted Infections (STI) control, condom promotion, care and support interventions, capacity building, communication and research.

IMPACT Project, Family Health International (FHI):

In FY2000, under the President's LIFE Initiative, USAID provided financial assistance to FHI to start six three-year pilot activities with the children affected with AIDS. The projects addressed the at-risk and street children as well as the children affected/infected by HIV/AIDS. These programs provided information and services to more than 5,000 children, helping them to pursue an active and protected role in society. The program size has nearly doubled to include 9 NGOs active in 11 sites through out the country.

Operation Lighthouse, Population Services International (PSI):

Under new initiatives, through AIDSMARK (a field support mechanism) the Mission expanded its program by initiating STD/HIV/AIDS interventions in port communities around India's 12 ports by collaborating with PSI. The Operation Lighthouse project is 5-year \$20 million project started in January 2001.

PACT-CRH Project, ICICI Bank:

Under the PACT-CRH Project, the financial assistance was provided through the ICICI Bank to the commercial manufacturers to develop and market low-cost, rapid diagnostics for HIV, Hepatitis B, Chlamydia and Malaria. In addition, with the technical assistance from PATH and Health Tech the project undertook the development of distance training modules pertaining to

HIV/AIDS and STI management and the technical assistance was provided to the GOI for the revising the condom packaging standards.

STOP TB Program, World Health Organization (WHO):

The Mission continued to support the WHO's model namely Directly Observed Treatment Short-course (DOTS) program in the state of Tamil Nadu under the supervision of the Tuberculosis Research Center. Several operations research activities were undertaken.

National Polio Surveillance Project, WHO:

Under the Polio Eradication Initiative, USAID collaborated with WHO, UNICEF and Rotary International providing technical assistance and financial support to carry out national and sub-national immunization days, mop-up campaigns, surveillance, maintenance of the laboratory network, as well as training and social mobilization.

4. Impact:

Overall the impact of the SO7 activities met expectations in terms of achieving the indicators. The success of the APAC project was outstanding and resulted in its expansion and extension for the next five years. Though the weakness and leadership vacuum in the Avert Project hampered its progress, the activities have started gaining momentum and efforts are underway to build capacities of the NGOs to manage HIV/AIDS activities. The development of FHI's strategic plan to expand Children Affected by AIDS activities, build capacities of the NGOs and model projects for care and support looked promising. The activities under the PSI's Operation Lighthouse project are producing significant results and show potential to expand.

The results framework of the SO7 was as under:

- SO Level - Reduced transmission and Mitigated Impact of Infectious Diseases especially STD/HIV/AIDS in India
- IR level - Reduced transmission of HIV/AIDS and related infectious diseases in Tamil Nadu

Indicators:

1.1 Percentage of individuals belonging to specified high-risk groups who report condom use in most recent sexual encounters with a non-regular partner

The result indicators showed significant achievements to sustaining behavior change in Tamil Nadu. The APAC project activities showed statistically significant increases in condom use among truckers and helpers (from 44% in 1996 to 78.7% in 2002). Similarly, the condom use among the women in prostitution remained consistently high (from 56% in 1996 to 88% in 2002).

1.2 Percentage of population with symptomatic Sexually Transmitted Diseases (STD) seeking care from qualified medical practitioners in Tamil Nadu

The APAC activities showed noteworthy increase in the care-seeking behavior among the truckers (64% in 1996 to 73.7% in 2002). The decline in the care seeking behavior among the male factory workers (from 56% in 1996 to 53.3% in 2002) was possibly due to some miscommunication messages in media which imply that AIDS is curable.

1.3 Cumulative number of APAC grants for AIDS prevention in Tamil Nadu

The cumulative number of APAC grants exceeded the target for the year 2002 (161 grants in 2000 against the target of 60).

Other aspects of the HIV/AIDS program, such as model investments in TB treatment, contributed to SO progress. In tuberculosis, the USAID-supported model DOTS program in one district of Tamil Nadu raised the case detection rate from 29% in 1999 to 92% in FY 2002. This marks a substantial improvement in diagnosis and is well above international norms for case detection rates. In the same district, cure rates following DOTS had gone from 61% in 1999 to 90% in 2002.

In the polio program, the key to global polio eradication lies in northern India, where the virus returned with a vengeance. As of January, 2003, there were more than five times as many polio cases as there were in the previous year (268 vs. 1,456). The National Polio Surveillance Project (NPSP) was working to facilitate innovative solutions to this globally important disease. One contribution from USAID was support to the core NGO network to substantially expand their activities in four high prevalence districts in western Uttar Pradesh, the center of India's polio epidemic. Additional efforts were directed through UNICEF to increase social mobilization and behavioral change through direct interpersonal communications from a cadre of over 2,000 volunteer social mobilizers.

In the infectious disease epidemiologic research program, USAID continued its support for the Indian branch of the Clinical Epidemiology Network, IndiaCLEN, to conduct operations research to initiate a national infectious disease surveillance system and major evaluations of the pulse polio immunization component of the polio eradication campaign. IndiaCLEN has provided insights into constraints and barriers to the current strategy for eradicating the virus through the campaign approach.

5. Changes in the Results Framework during the life of the SO:

The indicator #3-*Cumulative number of APAC grants for AIDS prevention in Tamil Nadu* had met its targets of 2002 in the year 2000, no further reporting was required. As a result the Results Framework had two indicators at the end of the FY2002.

6. Prospects for sustainability and threats:

HIV/AIDS prevention programs are progressing well in the states of Tamil Nadu and Maharashtra. Behavior change is the key in the HIV prevention programs and is a long process. Under the APAC project, the behavior change is occurring. The HIV prevalence is showing decline for the past three consecutive years. To sustain the ongoing efforts it becomes essential to take the program further.

In the last decade, the intensity and the nature of the HIV epidemic in India has increased considerably. With four million Indians living with HIV/AIDS, the country is second only to South Africa in the world's total number of cases. The country's needs changed from prevention to include care and support and treatment. The U.S. National Intelligence Council projects that India could have as many as 25 million people infected by 2010, if more aggressive steps to combat the disease are not taken. The sheer size of India requires USAID to implement activities in target areas as opposed to on a national scale. For example, the states of Tamil Nadu and Maharashtra individually each have larger populations than any sub-Saharan African country except Nigeria.

The Government of India recognized USAID efforts through the success of APAC program and the expansion to the state of Maharashtra. The systems developed by APAC can be replicated in the other states. The gaps in the current programs are being addressed by the FHI and PSI interventions but the need to scale up the interventions still exists to address care and support and treatment. The capacity at the state level is being developed and the institutions like State AIDS Control Societies are being provided assistance to scale up activities.

Through WHO, USAID plans to use these experiences in a phased expansion of the DOTS program to the state of Haryana, covering a population of 22 million. The Mission will also continue to work with PACT-CRH to enhance the application of safe and affordable new technologies.

Polio remains an important challenge. USAID's investment is targeting improved supervision, social mobilization and vaccine delivery in difficult states.

All the activities under SO7 are being continued under the SO14 IR 4.2: Increased use of prevention, and care and support interventions to prevent/mitigate HIV/AIDS and IR 4.4: Increased use of key infectious disease interventions.

7. Evaluations, Assessments and Lessons Learned:

An external mid-term evaluation of the APAC project was carried out in May, 2000 to assess the progress of the project. The evaluation team appreciated the progress made by the project and found that the APAC interventions are making impact, achieving its objectives, behavior change is occurring, treatment seeking behavior is improved and effective co-ordination between APAC, TNSACS, NACO and USAID is occurring.

Based on these findings, the team noted that APAC is positioned to extend to additional parts of Tamil Nadu to address new needs by increasing the number of NGOs for the existing themes, addressing new themes, extending to Pondicherry and add new services such as Care and Support and Voluntary Testing and Counseling.

Some of the key lessons learned from the project are:-

- Model of supporting umbrella NGO can work: Working with a large NGO, which previously existed and had the credibility of the Government and Civil Society, helped in getting the necessary buy-in from the Government and the civil society. This umbrella NGO (Voluntary Health Services- VHS) ensured a formidable response in a short time, which had strong systems of management and reflected grass root realities and diversity. The sub-recipient NGOs also respected the large NGO and were greatly benefited by the capacity building efforts and the experience of the umbrella NGO. NGOs in India need considerable capacity building and routing the money through a large NGO like the VHS fulfilled this need to a large extent.
- The APAC model has made significant contribution: The APAC project implemented by VHS has been able to establish a sustainable response and has made critical contribution in stemming the tide of HIV/AIDS in the state of Tamil Nadu. Over the last three years, the HIV prevalence has been constantly showing a downward trend. There has been a significant increase in overall awareness of HIV/AIDS as well as improvements in behaviors of different high risk groups. A strong management system is in place. The effective programming approach has been recognized by the Government of India and has been used to build the capacity of other states on targeted interventions. The systems and procedures for management and monitoring of activities of APAC have been adopted by the Tamil Nadu Government in their AIDS control program. This project is a good example of public-private partnership which has resulted in a successful HIV/AIDS model project. This project is also making an important contribution to strengthen the other bilateral project of USAID in the state of Maharashtra.
- Working synergistically with local Government is important: APAC worked very closely with the state Government and avoided any duplication of efforts. There was a close synergy and mutually complimentary approaches of APAC and Tamil Nadu State AIDS Control Society (TNSACS), which helped in maximizing use of resources. This arrangement also helped APAC to utilize the vast Government infrastructure and helped to earn the goodwill of the Government. This led to a sound reputation of the project that was not a stand-alone project but a project which contributes to the National and State AIDS control efforts.
- Pragmatic balance between bilateral and field support mechanisms is useful: The philosophy of USAID/India to support bilateral projects to have an impact on the ground and support activities through centrally funded projects to try innovations and undertake pilots to adopt and scale up is paying good dividends. In the state of Tamil Nadu, there

has been a good mix of FHI doing pilots and build the capacity of NGOs to hand them over to APAC project for longer term assistance.

- Technical assistance is critical to improve performance: USAID's provision of technical assistance to the project has been very important to strengthen the project, particularly in the beginning. The initial assistance provided to APAC by FHI particularly in the areas of behavior surveillance improved the capacity of APAC significantly ultimately leading to APAC managing the activity on their own. Additionally, APAC began as a prevention project primarily and later on expanded to address care and support issues. APAC had no prior experience on care & support and FHI's help was critical to enable them to initiate work on care and support.
- Careful NGO selection and nurturing is important for success: APAC has invested heavily in identifying the right NGOs for supporting HIV/AIDS activities in the state. They have developed a comprehensive criteria for NGO selection which includes past performance, credibility and infrastructure. Although it takes initially little extra time and effort but in the long term it is worth it. Consequently, there has been very little turn over of NGOs in the APAC project, which has contributed to sustained action and success.
- Behavior change requires consistent action and reinforcement, innovation is the key: Even after many years of working on HIV/AIDS, APAC still finds it a challenge to sustain behavior change in some groups. For example, the condom usage among truckers with their regular partners has not increased significantly over the past years. There is a need to have a sustained and constantly reinforcing messages and strategies to promote behavior change and sustain it at a high level. It is important in HIV/AIDS to clarify the misconceptions early on in the epidemic. Otherwise these misconceptions can become firmly rooted. In the area of HIV/AIDS, message fatigue can happen and it is important for the projects to constantly work and find innovations to reduce boredom and attract attention.
- Peer education is a successful approach to behavior change and is sustainable: APAC's behavior change model has been based on cross cutting theme of peer education. This has proved to be a successful approach. Unlike many other projects APAC's peer education has been based on a voluntary service rather than a paid service. Going by the success of the project, it seems to be working well and is sustaining. Further research in to paid versus voluntary peer education could be an interesting area to explore.
- Lack of Policies and effective implementation can impede progress: APAC has done limited amount of work on influencing policies at the state level. This has sometimes affected the work in progress to control the HIV/AIDS epidemic in the state. For example, there are advertisements by unqualified medical practitioners coming out promoting magical remedies for cure of HIV/AIDS. This has affected the work of NGOs in the state on HIV/AIDS prevention. Still there are unlicensed blood banks existing where mandatory HIV screening is not being done. The private sector is still unregulated in terms of provision of HIV/AIDS services. Clear-cut policies to involve the private sector and regulate them for quality control is an enormous challenge for the HIV/AIDS community in India.
- Projects can be cost effective yet successful: Unlike some of the field support projects implemented by USAID, APAC project has been highly cost effective by any standards. The project has been following the government guidelines on HIV/AIDS. It is necessary for projects to get a balance between the expenditures on any particular activity and the impact which that particular activity has produced. Some activities on HIV/AIDS can potentially use huge amounts of money such as mass media. Without undermining the importance of mass media in the states where the response is much more advanced and

awareness levels quite healthy, a pragmatic balance on different types of expenditures should be maintained to ensure behavior change is happening.

- Evidence based programming needs to results: One of the hallmarks and an important lesson learnt is the importance of developing sound strategies based on data. APAC has been undertaking various research studies including operations research to strengthen their programs and make mid-course corrections. Regularly conducting behavior surveillance surveys and other research studies have not only helped APAC but also the state Government to track the trends of the epidemic in the state and appropriately modify their strategies.
- Projects focusing on results will be successful: The APAC project from its inception has focused on activities resulting in people level impact. All the strategies of the project filter down to achieving results, which ultimately promote safe behavior among targeted beneficiaries. A clear and consistent message going from USAID to the APAC project and reaching up to the last peer educator on the importance of focusing on results in terms of behavior change has helped the project to achieve its objectives.
- Comprehensive state level HIV/AIDS strategy is important: One of the important need which has not yet been fulfilled is the availability of a state wide plan in Tamil Nadu. This has become important because there are several new players working on HIV/AIDS in the state. Development of an agreed state wide plan would help in better coordination of activities, avoid duplication and maximize the use of resources.
- Multi-pronged approach to HIV prevention is necessary: It has become very clear that HIV/AIDS is not a health problem alone but a problem which cuts across different sections of society. The HIV/AIDS program needs more robust integration with other programs such as Reproductive and Child Health, education, Women's empowerment, social justice and so on. APAC has made efforts in this regard but still more needs to be done. Advocacy efforts towards senior bureaucrats and policy makers must be strengthened to effectively coordinate the program between different sectors. APAC has learned that actually taking decision makers and showing them the problem and having them discuss with people infected or affected by HIV/AIDS can help to stimulate the decision makers for rational and proactive decision making.
- Community ownership of projects pays rich dividends and helps sustainability: Identifying people from the group of beneficiaries who actually help in planning and designing the programs has helped the APAC project in ensuring community ownership. The NGOs supported by APAC have undertaken efforts to including them in even monitoring the activities on a pilot basis. Selection of peer educators from the community itself has been another step in this regard. This has promoted community ownership and sustainability.
- Fund flow through the Government can affect progress: Moving the money through the Government system has been difficult in the past. The fund flows have been erratic and the lack of availability of a planning figure for the project has sometimes resulted in slowing down of activities. Regular contact with Government functionaries, informing them proactively of the fund requirements of the project and constant discussion with senior officials has helped to reduce the problem to an extent.
- Replicability of APAC model: The project has been successful and the natural step is to replicate the model in other states. While it has not yet been done, the proposal is very promising. It would involve discussions with respective state governments and coordination with donors already supporting programs in those states. Several of the successful approaches of the APAC project can be easily adopted by other USAID supported projects. Already this has begun and will be scaled up in the future.

APPENDICES

Appendix 1

(A list of evaluations and special studies conducted during the life of the SO, including Annual Reports)

- Mid Term Evaluation of APAC project
- Behavior Surveillance Surveys from 1996 to 2002

Appendix 2

(A list of instrument close out reports prepared for contracts, grants, and cooperative agreements)

Close-out reports are maintained by Regional Contracting Office, USAID/New Delhi. For any information, please contact Mr. Marcus Johnson, Regional Contracting Officer at e-mail: mjohnson@usaid.gov

Appendix 3

(Names and contact point of individuals who were directly involved in various phases of the SO (planning, achieving, and assessing and learning), and who would be good sources of additional information)

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